Elderly family care situation, daily activities, housing and physical well being in Nigeria

Asiyanbola R. Abidemi
Department of Geography and Regional Planning,
Faculty of the Social Sciences,
Olabisi Onabanjo University,
Ago-Iwoye, Ogun State,
Nigeria
E-mail: siyraimi@yahoo.com or demisyra@hotmail.com

ABSTRACT

The link between elderly family care, daily activities, housing condition and physical well being are explored with a view to examine the quality of life of elderly in Ibadan, Nigeria. The data used is from a larger household survey carried out by the author for his PhD thesis at the University of Ibadan, Nigeria. Simple frequency analysis, ANOVA, correlation and regression statistical techniques were used to analyze the data. The result shows that majority of the elderly are living in a deplorable housing condition. Analysis of the daily activities of the elderly revealed that they are generally more involved in service to others, followed by domestic chores, household maintenance and social activities. In the categories of domestic chores, household maintenance and service to others more elderly women are involved than elderly men. In the category of social service more elderly men than elderly women are found to be involved. Results of the test of stated hypotheses show that there is significant variation in elderly family care and physical well being; there is significant relationship between: (i) elderly family care and household income, elderly age, age of the youngest child in the household; (ii) elderly daily activities and physical well being; and (iii) elderly housing condition and physical well being. Policy implication suggests that quality of life of elderly could be improved through the socio-economic empowerment of families and provision of efficient and effective social welfare/health, amenities and services.

1.0 INTRODUCTION

Elderly population is increasing in all countries of the world. This is due to several factors which include decline in fertility, improvement in public health and increase in life expectancy. Decline in fertility was brought about by more wide spread acceptability of family planning while increase in life expectancy is attributed to improved medical care brought about by technological advancement. According to a published U.S Bureau *Bulletin of the Census and Database on Ageing* in 1988, the world's total population is growing at a rate of 1.7 percent per year. The population aged 55 years and above is increasing by 2.2 percent per year; and the number of persons aged 65 years and over, is rising by 2.8 percent annually. The bulletin shows further that every month, the net balance of the World's older population (55 years and over) increases by 1.2 million persons. It is expected that this demographic pattern will continue. Troisi (2004) observed that already one out of every ten persons is now 60 years or above. By 2050, one out of

five will be 60 years or older and by 2150, one out of three persons will be 60 years or older (Troisi 2004:354). Troisi also observed that the older population is ageing, that is, the oldest old (80 years or older) is the fastest growing segment – constituting 11 percent of the 60 years or older age group, is projected to grow to 19 percent by 2050. The number of centenarians is projected to increase 15-fold from approximately 145,000 in 1999 to 2.2 million by 2050 (Troisi 2004:354).

Even though population of the elderly is increasing in all countries of the world, up till the early 80s, the demographic transition was mostly viewed as a phenomenon of the developed countries (Sylvia, 2000; Troisi, 2004). But in fact as observed in the literature the great majority (two-thirds) of those over 60 years of age live in the developing world and that the proportion is increasing steadily and will reach nearly three-quarters by the 2030s (UNFPA and CBGS, 1999 cited by Sylvia, 2000:9). Troisi (2004) noted that already in 1985, 56.5 percent of the world's elderly lived in developing countries and this proportion is projected to reach 61.5 percent by the turn of the century and 71.9 percent by the year 2025 (p.354).

In Nigeria, the proportion of the aged population has been increasing. Before Nigeria independence in 1960, there was a population census conducted in 1952/53. Since independence, the country had only conducted two successful population censuses in 1963 and 1991. The total number of persons aged 50 years and above in 1952/53 was 2,448,000. In 1963 and 1991 population census the total number of persons aged 50 years and above was 3,617,000 and 8,227,782 respectively (see table 1). Table 2 show the trend in the growth of persons in age groups 0-14 years, 15-44 years and above 45 years from

1952/53 to 1991. This table shows increasing growth in all age groups. It also shows increasing growth in the total number of elderly persons.

Table 1: Total population of the elderly in 1963 and 1991 population censuses

Age group (Years)	1963 population census			1991 population census		
	Male	Female	Total	Male	Female	Total
50-54	683,000	534,000	1,217,000	1,388,650	1,182,149	2,570,799
55-59	277,000	186,000	463,000	638,375	481,394	1,119,769
60-64	447,000	339,000	786,000	898,801	791,573	1,690,374
65-69	162,000	111,000	273,000	408,540	387,400	703,040
70-74	182,000	132,000	314,000	492,186	394,116	886,302
>75	331,000	233,000	564,000	684,099	573,399	1,257,498
Total	2,082,000	1,535,000	3,617,000	4,510,651	3,810,031	8,227,782

Source: Federal Office of Statistics, Lagos

Table 2: Population of Nigeria by age group (1952/53 – 1991) ('000')

Year	0-14 yrs	15-44 yrs	45 & above	Total
1963**	23926	26959	4785	55670
1970*	28510	32120	5701	66331
1971*	29220	32940	5843	68003
1972*	29970	33770	5992	69732
1973*	30720	34620	6144	71484
1974*	31510	35500	6298	73308
1975*	32290	36390	6459	75139
1976*	33120	37410	6622	77152
1977*	33960	38260	6790	79010
1978*	34810	39220	6961	80991
1979*	35397	39884	7080	82361
1980*	36293	40894	7259	84446
1981*	37211	41930	7443	86584
1982*	38154	42991	7631	88776
1983*	38419	44079	7824	90322
1984*	40110	45195	8022	93327
1985*	41125	46339	8225	95689
1986*	44744	50417	8949	104110
1991**	39993	38354	10645	88992

Source: *Population projection as given by the Federal Office of Statistics, Lagos
            **Census Result
NOTE: 1952/53 Census Result is as follows 0-14 yrs = 13458;
15-49 yrs = 14504; 50 & above yrs = 2448   (Thousand)

As the elderly constitute an increasing proportion of Nigeria's population, it is pertinent to examine their needs and concerns, which have direct impacts on their well being and quality of life. Hitherto, question of how to care for these growing numbers of elderly, their concerns and need are yet to feature prominently in major policy debates. In Nigeria, it is often assumed that the family will automatically take on the responsibility of caring for the elderly, yet little is known about the contemporary condition of the elderly within this safety net in practice. Currently, little is known empirically about the link

between family care situation, daily activities, housing and the physical well being of the elderly - awareness, and knowledge of which could inform elderly sensitive policies.

The paper is divided into five sections. Sections one and two are the introduction and a brief literature review. In section three is the methodology, while section four contains the results and discussion. Section five contains the implications and conclusion.

2.0 A BRIEF REVIEW OF LITERATURE

In Nigeria, studies that focus on the care of the elderly are not many. Such studies focus on issues ranging from the description of the traditional form of care of the elderly, demographic data, government's policy on the elderly, life-satisfaction of the elderly, effects of structural adjustment programme on the elderly, and the nutritional assessment and health status of the elderly (Anionwu, 1986; Adeokun, 1986; Akukwe, 1992; Ekpeyong 1995; Bakare et al 2004; Okoye, 2004; etc). As reported in most of these studies, caring of the elderly has always been taken for granted to be family responsibility with little or no government support.

From the time immemorial, care of the elderly was within the extended family system (Anionwu, 1986; Adeokun, 1986; Akukwe, 1992; Ekpeyong 1995; etc). The elderly are cared for by their children, son's wife and the extended family members, particularly the women. There is the practice of marrying young girls by the elderly men, and at times his children may marry the young girl for him to take care of the elderly man's need. The mother of my father married a young woman for her aged husband. She also married a young woman for her aged brother. Some parents do send their children home to live with the grandparents so that they can run errands for them while the grandparent teaches

them cultural and moral values (Akukwe, 1992). Within the traditional system the social obligations of the aged were multi-dimensional in the sense that they encompassed religion, education, politics, recreation, economic, and prophetic issues. In those days, people looked forward to getting old.

In this contemporary time, social and economic changes currently occurring have put into doubt the continued viability of such traditional arrangements for the elderly. Such changes like increased emphasis on smaller family units, migration to urban areas, more working wives, new life styles and changing values all have effects on the traditional forms of care of the elderly. Financial difficulties have made it imperative for many women to now work for pay outside the home and also the issues of education for the young have reduced the caring role of the grandchildren.

A recent study by Okoye (2004) explored how Nigerian youths feel about care-giving for the elderly and their views about traditional ways of taking care of the elderly. She observed in her study that the youngsters are not willing to live with their aged parents; neither are they willing to send their wife nor their children to the village to live with their aged parents. An earlier work examines the link between social support/networks, urban condition and physical well being of the elderly (Asiyanbola, 2004). The present work is an addition to the existing literature and attempt to explore the link between the elderly family care situation, daily activities, housing condition and physical well being with a view to examine the quality of life of the elderly in Nigeria. The null hypotheses tested in the paper are that: (i) there is no variation in the elderly family care; (ii) there is no relationship between elderly family care and their household socio-economic characteristics; (iii) there is no significant variation in the physical well being of the

elderly; (iv) there is no significant relationship between daily activities of the elderly and their physical well being; and (v) there is no significant impact of housing condition of the elderly on their physical well being.

3.0 METHODOLOGY

The data used in the paper is from a larger household survey carried out by the author for his doctoral thesis on gender and housing in Ibadan, Nigeria between November 1999 and March 2001. In this household survey women and their spouse (if any) were interviewed. In the paper, the analysis focused on a subgroup of the households in which women and/or their spouse (if any) aged over 55 years. This subgroup comprises of 191 households. In 42 households (22.0%) both women and her spouse are over 55 years; in 99 households (51.8%) only women's spouse are over 55 years. The remaining 50 households (26.2%) are female-headed households where the women are over 55 years. In terms of marital status, the first two groups comprises of 73.8% married, while the last group comprises of 17.8% widowed, 5.2% separated, 2.6% divorced and 0.5% never married.

Variables that are used in the analysis include: elderly family care variables (presence of spouse whose age is younger and househelp in the household); socio-economic characteristics (age, household income, educational level, age of the youngest child in the household, household size); daily activities variables (domestic chores, household maintenance, service to others and social activities); housing condition variables; and physical well being variables which are specific measures of health problems. Tables 3 to 5 show the definition of these variables respectively.

Table 3:   Definition of the family care and other socio-economic variables

Variables	How measured
Family care Having a housemaid Men having a wife that is younger in age (<55yrs.)	-1 if having a housemaid -1 if having a wife that is younger in age (<55yrs.)
Socio-economic characteristics Income	- Total household income in Naira
Educational level	- 1 if having post secondary qualification
Age	- Total in years
Household size	- Total number in the household
Age of the youngest child in the household	- Total in years

Table 4: Definition of daily activity variables

Variable	How measured
Domestic chores Cooking Shopping Fetching water Domestic activities generally	 - 1 if it is part of daily activity - 1 if it is part of daily activity - 1 if it is part of daily activity - 1 if it is part of daily activity
Household maintenance Cleaning the house and the surroundings Getting rid of household waste	 - 1 if it is part of daily activity - 1 if it is part of daily activity
Service to others Going to religious centre Paid employment Childcare	 - 1 if it is part of daily activity - 1 if it is part of daily activity - 1 if it is part of daily activity
Social activities Going to recreation centre	 - 1 if it is part of daily activity

Table 5: Definition of housing condition and physical well being variables

Variable	How measured
Physical building condition	- 1 if there are any cracks in the wall of the house - 1 if there are any cracks in the floors of the house - 1 if the house roof is leaking and needs repairs - 1 if the house need general repair - 1 if pests are prevalent in the house
Neighbourhood facilities/services	- 1 each if the following neighbourhood facilities/services are bad: neighbourhood road, garbage collection, public transport, street light, neighbourhood water supply, power supply, school quality, shops, and the general condition of the neighbourhood
House location distance	- 1 each if the house distance to each of the following activity areas is far: workplace, shopping centre, children school and childcare centre, where they fetch water and dispose of solid waste
Physical well-being	- 1 each if experiencing any of the following specific health problems: persistent cough, wheeze, blocked nose, breathlessness, skin infections/diseases (e.g. eczema, rashes), tiredness or body weakness, feverish or feeling hot internally, malaria, headache, cholera and diarrhea.

Analysis of variance (ANOVA) as well as correlation and regression statistical techniques were used to test the stated hypotheses.

4.0 RESULTS AND DISCUSSION

4.1 Living situation of the elderly

Table 6 shows the living situation of the elderly. About 24.1 percent are living in a rented accommodation while about 64.4 percent are living in owner occupier accommodation. Majority (71.2%) of the elderly are living in less than 10.1 household sizes. Also, majority (83.2%) are living in a household with less than 10.1 children.

Furthermore, majority (71.7%) of the elderly are living in a household where the age of the youngest child is less than 20.1 years old.

Table 6: Living situation of the Elderly in Ibadan, Nigeria (n = 191)

Living situation of the elderly	%
Living in rented accommodation	24.1
Living in owner occupier accommodation	64.4
Living in less than 10.1 household size	71.2
Living in a household with less than 10.1 children	83.2
Living in a household where youngest member is less than 20.1 years old	71.7
Type of house	
Rooming apartment (face me I face you)	38.2
Flat	14.7
Duplex	2.1
Bungalow	15.7
Storey building	26.7
Others	2.6
Are there any cracks in the walls of your house?	
Yes	69.6
No	30.4
Are there any cracks in the floors of your building?	
Yes	62.8
No	37.2
Is your roof generally looking old/leaking and needs repairs?	
Yes	63.9
No	36.1
Do the walls of your house need repainting?	
Yes	59.2
No	40.8
Does your house need general repairs?	
Yes	46.1
No	53.9
Prevalence of pests in the house	
Prevalent	56.0
Not prevalent	44.0

This result indicates that majority of the elderly in Ibadan, Nigeria lives among their family. However, this should not be interpreted as if the moral of care would be unchanged and the family would still function as before. The main care givers in the family are women. Social and economic changes currently occurring have put into doubt the continued viability of traditional arrangements of care for the elderly. Such changes as stated previously like increased number of women in the paid labour force participation, and the issues of education for the young have reduced the viability of the traditional form of care for the elderly. I have witnessed a situation in which an old elderly woman living in a multigenerational family attempted to commit suicide simply because she was lonely and neglected.

In terms of housing condition, majority of the elderly are living in a deplorable housing condition (see table 6). The percentage of the elderly that are living in rooming apartment is 38.2%, flat is 14.7%, duplex is 2.1%, bungalow is 15.7%, and storey building is 26.7% (table 6). Most of the houses have cracks in the walls (69.6%) and floors (62.8%) of the house. Also, most (63.9%) of the houses are generally looking old/leaking and needs repairs (table 6).

4.2 Activities of daily living of the elderly

Activities of daily living are important indicators of the functional status and well-being of older persons (Maestre et al 2004). Hitherto, empirical study on the elderly activities of daily living in Nigeria is rare. Daily activities investigated were distributed among the four categories of domestic chores, household maintenance, service to others and social activities. Domestic chores include the following activities: cooking,

household shopping, fetching water and daily involvement in domestic activities generally. Household maintenance include the following activities: cleaning the house and the surrounding, and getting rid of household waste. Service to others includes the following activities: attending religious service, going to work-place or involvement in paid employment, and childcare. Going to recreation centre is the indicator of social activity used in the study.

The elderly generally are more involved in service to others (50.8%), followed by domestic chores (25.2%), household maintenance (25.0%) and social activities (9.4%). In the categories of domestic chores and household maintenance more women (33.6% and 31.3% respectively) are involved than men (16.7% and 18.6% respectively). Also, in the category of service to others more women (52.8%) than men (48.8%) are involved. In the category of social service more men (16.7%) than women (2.0%) are found to be involved (see table 7 and figures I and II).

Table 7: Daily activities of elderly men and women in Ibadan, Nigeria

| Daily activities	Elderly Men (n = 141) (%)	Elderly Women (n = 92) (%)	Average (%)	Rank
Domestic chores	16.7	33.6	25.2	2
Cooking	15.2	44.4	29.8	
Shopping	18.9	27.3	23.1	
Fetching water	12.9	25.3	19.1	
Domestic activities generally	19.7	37.4	28.6	
Household maintenance Cleaning the house and	18.6	31.3	25.0	3
the surroundings	23.5	38.4	31.0	
Getting rid of household waste	13.6	24.2	18.9	
Service to others	48.8	52.8	50.8	1
Going to religious centre	56.1	66.7	61.4	
Paid employment	75.0	57.6	66.3	
Childcare	15.2	34.2	24.7	
Social activities	16.7	2.0	9.4	4
Going to recreation centre	16.7	2.0	9.4	
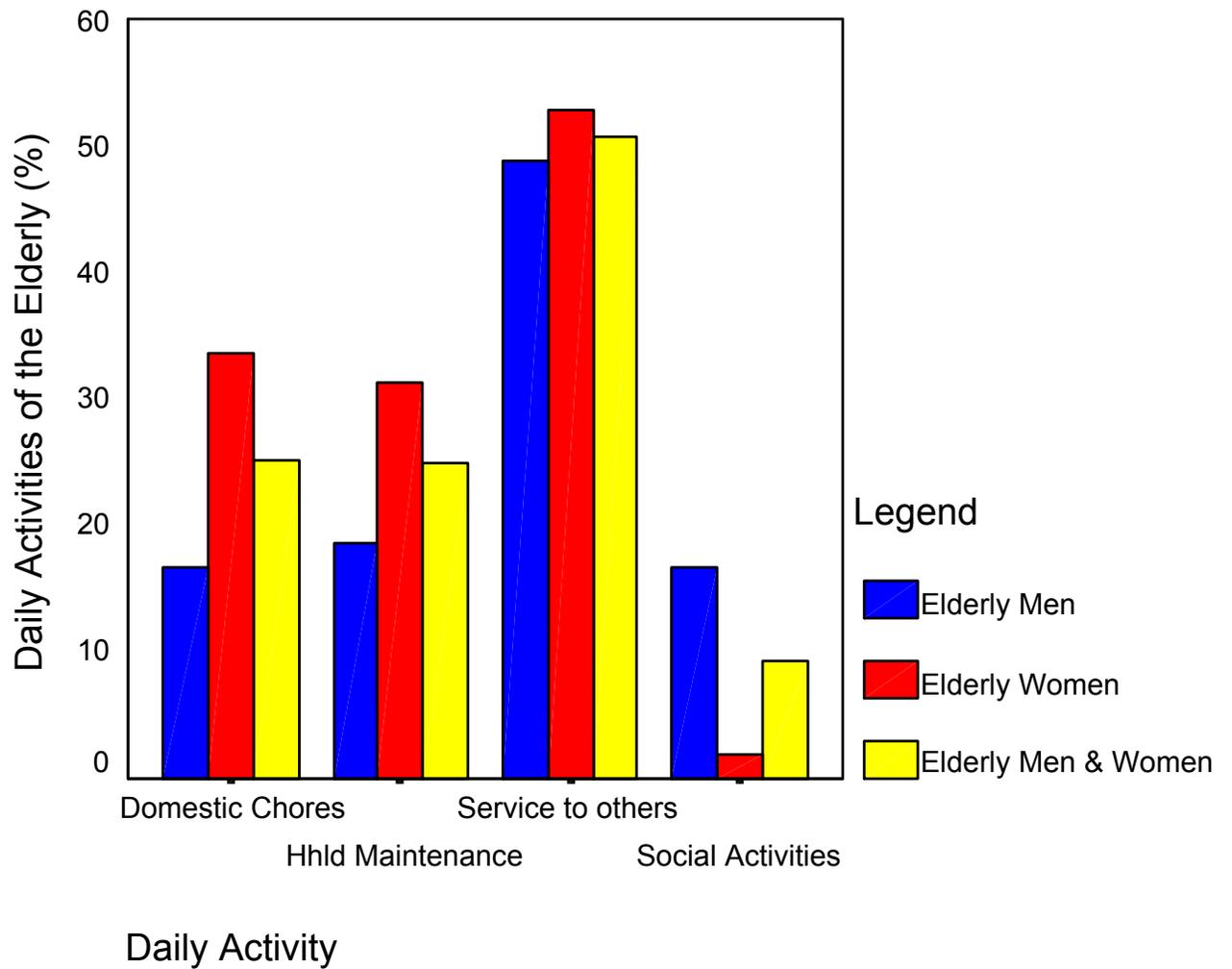
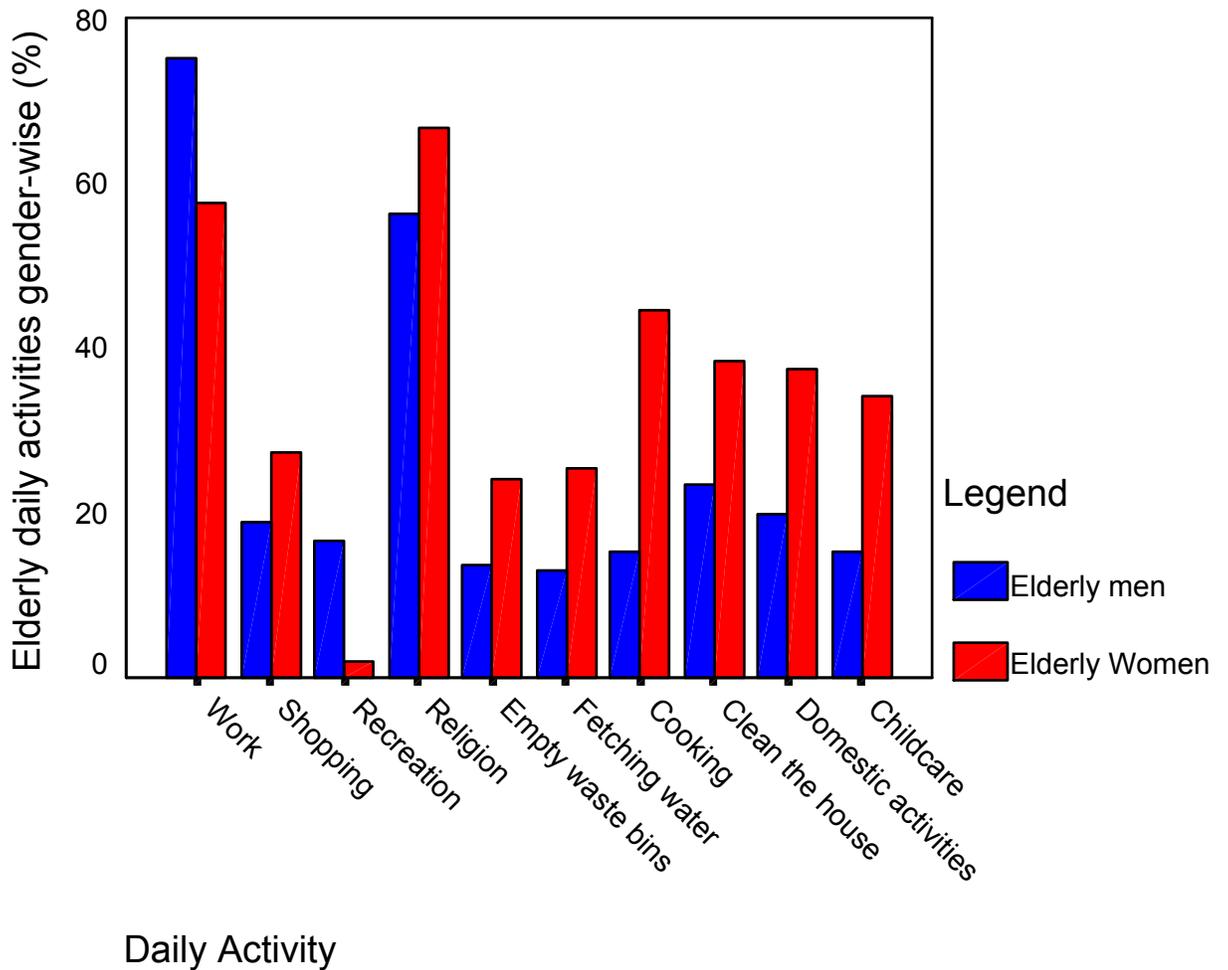Fig. I: Daily activities of the elderly in Ibadan

Fig. II: Elderly daily activities in Ibadan

4.3 Test of hypothesis one

Analysis of variance (ANOVA) is used to test hypothesis one which state that there is no variation in the elderly family care. The result shows that the F value is 5.785 and the significance value is .001. This result is significant at p < .01. This implies that there is significant variation (p<.01) in the elderly family care (table 8).

Table 8: Variation in family care situation of the Elderly in Ibadan, Nigeria

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	5.304	3	1.768	5.785**	.001
Within Groups	56.848	186	.306		
Total	62.153	189			

**Significant at p<.01

4.4 Test of hypothesis two

Correlation statistical technique is used to test hypothesis two which state that there is no relationship between elderly family care and their household socio-economic characteristics. The result shows that there is significant relationship at p <.01 between elderly family care situation and household income, age of the elderly and age of the youngest child in the household (table 9). The result also shows a positive relationship between the quality family care situation and household income which implies that the higher the household income, the better the quality of family care of the elderly. Furthermore, the result shows a negative relationship between the quality family care situation and age of the elderly and age of the youngest child in the household. This result implies that the lower the age of the elderly and the age of the youngest child in the household, the better the quality of family care. This result suggests that the disadvantaged, lonely, neglected and less cared for are the oldest old.

Table 9: Result of the correlation analysis between family care of the Elderly and some socio-economic variables

Variable	Result of the correlation analysis between family care of the elderly and some socio-economic variables 'r'
Income	.228**
Educational level	.163
Age	-.603**
Household size	.084
Age of the youngest child in the household	-.244**

**Significant at p<.01
*Significant at p<.05

4.5 Test of hypothesis three

Analysis of variance (ANOVA) is used to test hypothesis three which state that there is no significant variation in the physical well being of the elderly. Table 10 shows the result of the analysis of variance (ANOVA) of the physical well being of the elderly. From the table, the F value is 3.251 and the significant value is .024. This result is significant at p < .05. This implies that there is a significant variation in the physical well being of the elderly.

Table 10: Variation in the Physical well being of the Elderly in Ibadan, Nigeria

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	41.297	3	13.766	3.251*	.024
Within Groups	550.523	130	4.235		
Total	591.821	133			

*Significant at p<.05

4.6 Test of hypothesis four

Correlation statistical technique is used to test hypothesis four which state that there is no significant relationship between daily activities of the elderly and their physical well being. The result is shown in table 11. This result shows that there is a significant relationship at p < .05 between daily activities of the elderly and their physical well being. This result indicates a negative relationship between daily activities involvement and the deteriorating physical well being of the elderly.

Table 11: Result of the correlation analysis between daily activities involvement and physical well being of the elderly

Variable	Result of the correlation analysis 'r'
Daily activities involvement of the elderly and Deteriorating physical well being of the elderly	-.185*

*Significant at p<.05

4.7 Test of hypothesis five

Regression statistical technique is used to test hypothesis five which state that there is no significant impact of housing condition on their physical well being of the elderly. Table 12 shows the result of the regression analysis. The result shows that there is a significant ($p <.01$) impact of housing condition on the physical well being of the elderly.

Table 12: Impact of housing condition on the elderly physical well-being

Model	Variable Name	Level of Explanation (R-Square Change)	R-Square	Std. Error	F-Change	Sig. F Change	Multiple Stepwise Regression ANOVA Result	
							F-value	Sig.
1	Housing condition	.122	.122	1.9996	6.007**	.001	6.007**	.001

R-Square = 12.2%
** Significant at p<.01

These results suggest that any policy to improve the quality of life of the elderly must consider the elderly housing condition as this has effect on the physical well being of the elderly.

5.0 SUMMARY, IMPLICATIONS AND CONCLUSION

The paper examine the link between elderly family care, daily activities, housing condition and physical well being with a view to examine the quality of life of elderly in Ibadan, Nigeria. The result shows that majority of the elderly are living in a deplorable housing condition. The analysis of the daily activities of the elderly revealed that they are

generally more involved in service to others, followed by domestic chores, household maintenance and social activities. In the categories of domestic chores, household maintenance and service to others more women are involved than men. In the category of social service more men than women are found to be involved. Results of the test of stated hypotheses show that there is significant variation in elderly family care and physical well being; there is significant relationship between: (i) elderly family care and household income, elderly age, age of the youngest child in the household; (ii) elderly daily activities and physical well being; and (iii) elderly housing condition and physical well being.

Hitherto, there are no institutional provisions for the elderly. Observation shows that the moral of family care has changed and the multigenerational family is not functioning as before. As earlier stated, I have witnessed a situation in which an old elderly woman living in a multigenerational family attempted to commit suicide simply because she was lonely and neglected. There is the need for the involvement of the government in the care of the elderly. Deliberate attempts are needed on the part of the government to support the family. Policy implication of the findings of this study suggests that quality of life of the elderly could be improved through the socio-economic empowerment of the families and the provision of efficient and effective good quality social welfare/health, amenities and services.

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